

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/583670 7 FEB 2007

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	B		/			
4	B		/			
5	B		/			
6	B		/			
7	B		/			
8	B		/			
9	B		/			
10	B		/			
11	B		/			
12	B		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	13	←	11	←		←
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						